

<b>United States Bankruptcy Court</b> <b>District of New Jersey</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Tucci, Mark R.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Tucci, Mary Anne P.</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>0592</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>9536</b>		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>102 Summit Ave</b> <b>Laurel Springs, NJ</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>102 Summit Ave</b> <b>Laurel Springs, NJ</b>		
<div style="text-align: right;">ZIPCODE <b>08021-2151</b></div>			<div style="text-align: right;">ZIPCODE <b>08021-2151</b></div>		
County of Residence or of the Principal Place of Business: <b>Camden</b>			County of Residence or of the Principal Place of Business: <b>Camden</b>		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
<div style="text-align: right;">ZIPCODE</div>			<div style="text-align: right;">ZIPCODE</div>		
Location of Principal Assets of Business Debtor (if different from street address above):					
<div style="text-align: right;">ZIPCODE</div>					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which  the Petition is Filed</b> (Check <b>one</b> box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9      Recognition of a Foreign <input type="checkbox"/> Chapter 11      Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input checked="" type="checkbox"/> Chapter 13      Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Tucci, Mark R. &amp; Tucci, Mary Anne P.</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>See Schedule Attached</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Rex J. Roldan, Esquire</u></span> <span><b>8/07/14</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Tucci, Mark R. & Tucci, Mary Anne P.**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Mark R. Tucci

Signature of Debtor

**Mark R. Tucci**

**X** /s/ Mary Anne P. Tucci

Signature of Joint Debtor

**Mary Anne P. Tucci**

Telephone Number (If not represented by attorney)

**August 7, 2014**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X** /s/ Rex J. Roldan, Esquire

Signature of Attorney for Debtor(s)

**Rex J. Roldan, Esquire (RR7961)  
Law Offices of Rex J. Roldan, P.C.  
900 Route 168, Suite I-4  
Turnersville, NJ 08012  
(856) 232-1425 Fax: (856) 232-1025  
roldanlaw@comcast.net**

**August 7, 2014**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

**VOLUNTARY PETITION**  
**Continuation Sheet - Page 1 of 1**

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Prior Bankruptcy Case Filed Within Last 8 Years:

**Location Where Filed: District Of New Jersey**

**Case Number: 09-35472 (GMB)**

**Date Filed: September 28, 2009**

**Location Where Filed: District Of New Jersey**

**Case Number: 10-31492 (GMB)**

**Date Filed: July 14, 2010**

**Location Where Filed: District Of New Jersey**

**Case Number: 12-31949 (GMB)**

**Date Filed: September 4, 2012**

IN RE:

Tucci, Mark R.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Mark R. Tucci

Date: August 7, 2014

IN RE:

Tucci, Mary Anne P.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Mary Anne P. Tucci

Date: August 7, 2014

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



IN RE:

Case No. \_\_\_\_\_

Tucci, Mark R. & Tucci, Mary Anne P.

Chapter **13**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Tucci, Mark R. & Tucci, Mary Anne P.

**X** /s/ Mark R. Tucci

**8/07/2014**

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) \_\_\_\_\_

**X** /s/ Mary Anne P. Tucci

**8/07/2014**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence 102 Summit Avenue Laurel Springs, NJ 08021		J	131,000.00	172,394.91

TOTAL131,000.00

(Report also on Summary of Schedules)

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking account - Susquehanna Bank	W	300.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Furniture and furnishings		2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	2,500.00
7. Furs and jewelry.		Jewelry	J	1,000.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				5,800.00



SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Lot8</b> <b>Borough Of Laurel Springs</b> <b>Tax Department</b> <b>135 Broadway</b> <b>Laurel Springs, NJ 08021-2006</b>	<b>J</b>	<b>2012</b> <b>real estate taxes</b>  VALUE \$ <b>131,000.00</b>				<b>17,012.82</b>	<b>17,012.82</b>
ACCOUNT NO. <b>US Bank Cust For Crestar Capital</b> <b>C/O Pellegrino &amp; Feldstein, LLC</b> <b>290 Route 46</b> <b>Denville, NJ 07834-1239</b>		<b>Assignee or other notification for:</b> <b>Borough Of Laurel Springs</b>  VALUE \$					
ACCOUNT NO. <b>3181</b> <b>Select Portfolio Servicing</b> <b>PO Box 65450</b> <b>Salt Lake City, UT 84165-0450</b>	<b>J</b>	<b>October, 1998</b> <b>mortgage on residence</b>  VALUE \$ <b>131,000.00</b>				<b>155,382.09</b>	<b>24,382.09</b>
ACCOUNT NO. <b>Zucker, Goldberg &amp; Ackerman, LLC</b> <b>PO Box 1024</b> <b>Mountainside, NJ 07092-0024</b>		<b>Assignee or other notification for:</b> <b>Select Portfolio Servicing</b>  VALUE \$					
Subtotal (Total of this page)						\$ <b>172,394.91</b>	\$ <b>41,394.91</b>
Total (Use only on last page)						\$ <b>172,394.91</b>	\$ <b>41,394.91</b>

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached



IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2639</b> <b>Berlin Medical Associates</b> <b>175 Cross Keys Rd Ste 300A</b> <b>Berlin, NJ 08009-9263</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>125.00</b>
ACCOUNT NO. <b>Apex Asset Management, LLC</b> <b>1891 Santa Barbara Dr Ste 204</b> <b>Lancaster, PA 17601-4106</b>		<b>Assignee or other notification for:</b> <b>Berlin Medical Associates</b>				
ACCOUNT NO. <b>0867</b> <b>David B. Watner, Esquire</b> <b>1129 Bloomfield Ave Ste 208</b> <b>West Caldwell, NJ 07006-7123</b>	<b>W</b>	<b>various dates</b> <b>credit charges</b>				<b>292.00</b>
ACCOUNT NO. <b>Remex, Inc.</b> <b>307 Wall St</b> <b>Princeton, NJ 08540-1515</b>		<b>Assignee or other notification for:</b> <b>David B. Watner, Esquire</b>				

10 continuation sheets attached

Subtotal  
(Total of this page) \$ **417.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. &amp; Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2495</b> <b>Delaware Valley Urology</b> <b>570 Egg Harbor Rd Ste A-1</b> <b>Sewell, NJ 08080-2359</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>171.00</b>
ACCOUNT NO. <b>Apex Asset Management, LLC</b> <b>1891 Santa Barbara Dr Ste 204</b> <b>Lancaster, PA 17601-4106</b>		<b>Assignee or other notification for:</b> <b>Delaware Valley Urology</b>				
ACCOUNT NO. <b>2148</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b> <b>2620 Ridgewood Rd Ste 300</b> <b>Akron, OH 44313-3500</b>	<b>W</b>	<b>various dates</b> <b>medical service charges</b>				<b>498.00</b>
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. <b>B-Real, LLC</b> <b>MS 550</b> <b>PO Box 91121</b> <b>Seattle, WA 98111-9221</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. <b>4279</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b> <b>2620 Ridgewood Rd Ste 300</b> <b>Akron, OH 44313-3500</b>	<b>W</b>	<b>various dates</b> <b>medical service charges</b>				<b>596.00</b>
ACCOUNT NO. <b>Account Resolution Service</b> <b>1801 NW 66th Ave Ste 200</b> <b>Plantation, FL 33313-4571</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				

Sheet no. 1 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,265.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2645 Emerg Phy Assoc Of S.Jersey, PC 2620 Ridgewood Rd Ste 300 Akron, OH 44313-3500	H	various dates medical service charges				694.00
ACCOUNT NO. B-Real, LLC MS 550 PO Box 91121 Seattle, WA 98111-9221		Assignee or other notification for: Emerg Phy Assoc Of S.Jersey, PC				
ACCOUNT NO. NCO Financial Systems, Inc. 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Emerg Phy Assoc Of S.Jersey, PC				
ACCOUNT NO. 0258 Emerg Phy Assoc Of S.Jersey, PC 2620 Ridgewood Rd Ste 300 Akron, OH 44313-3500	H	various dates medical service charges				75.00
ACCOUNT NO. B-Real, LLC MS 550 PO Box 91121 Seattle, WA 98111-9221		Assignee or other notification for: Emerg Phy Assoc Of S.Jersey, PC				
ACCOUNT NO. NCO Financial Systems, Inc. 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Emerg Phy Assoc Of S.Jersey, PC				
ACCOUNT NO. 3602 Emerg Phy Assoc Of S.Jersey, PC 2620 Ridgewood Rd Ste 300 Akron, OH 44313-3500	H	various dates medical service charges				187.00

Sheet no. 2 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ 956.00

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>B-Real, LLC</b> <b>MS 550</b> <b>PO Box 91121</b> <b>Seattle, WA 98111-9221</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. 1831 <b>Emerg Phy Assoc Of S.Jersey, PC</b> <b>2620 Ridgewood Rd Ste 300</b> <b>Akron, OH 44313-3500</b>	H	<b>various dates</b> <b>medical service charges</b>				<b>787.00</b>
ACCOUNT NO. <b>B-Real, LLC</b> <b>MS 550</b> <b>PO Box 91121</b> <b>Seattle, WA 98111-9221</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. <b>NCO Financial Systems, Inc.</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Emerg Phy Assoc Of S.Jersey, PC</b>				
ACCOUNT NO. 8394 <b>Evesham Veterinary Clinic</b> <b>800 Route 73 S</b> <b>Marlton, NJ 08053-9649</b>	W	<b>various dates</b> <b>veterinary service charges</b>				<b>98.00</b>
ACCOUNT NO. <b>I.C. System, Inc.</b> <b>PO Box 64437</b> <b>Saint Paul, MN 55164-0437</b>		<b>Assignee or other notification for:</b> <b>Evesham Veterinary Clinic</b>				

Sheet no. **3** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **885.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. &amp; Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1439 Heck And Schiavone, DO 222 Gibbsboro Rd Clementon, NJ 08021-4132	W	various dates medical service charges				55.00
ACCOUNT NO. Apex Asset Management, LLC 1891 Santa Barbara Dr Ste 204 Lancaster, PA 17601-4106		Assignee or other notification for: Heck And Schiavone, DO				
ACCOUNT NO. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	J	various dates income taxes			X	unknown
ACCOUNT NO. 0405 Kennedy Health System PO Box 48023 Newark, NJ 07101-4823	W	June, 2005 Judgment				1,277.00
ACCOUNT NO. 9945 Kennedy Health System PO Box 48023 Newark, NJ 07101-4823	W	various dates medical service charges				100.00
ACCOUNT NO. Financial Recoveries PO Box 1388 Mount Laurel, NJ 08054-7388		Assignee or other notification for: Kennedy Health System				
ACCOUNT NO. 8384 Kennedy Health System PO Box 48023 Newark, NJ 07101-4823	W	various dates medical service charges				98.00

Sheet no. 4 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,530.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. &amp; Tucci, Mary Anne P.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>0612</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>1,107.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>0613</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>691.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>2988</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				

Sheet no. **5** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,898.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. &amp; Tucci, Mary Anne P.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7445</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>7944</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>179.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>7945</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>8565</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>

Sheet no. 6 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **479.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>8219</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>8040</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>179.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				
ACCOUNT NO. <b>8029</b> <b>Kennedy Health System</b> <b>PO Box 48023</b> <b>Newark, NJ 07101-4823</b>	<b>H</b>	<b>various dates</b> <b>medical service charges</b>				<b>100.00</b>
ACCOUNT NO. <b>Financial Recoveries</b> <b>PO Box 1388</b> <b>Mount Laurel, NJ 08054-7388</b>		<b>Assignee or other notification for:</b> <b>Kennedy Health System</b>				

Sheet no. 7 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **379.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7996 Kennedy Health System PO Box 48023 Newark, NJ 07101-4823	H	various dates medical service charges				100.00
ACCOUNT NO. Financial Recoveries PO Box 1388 Mount Laurel, NJ 08054-7388		Assignee or other notification for: Kennedy Health System				
ACCOUNT NO. 7706 Lewis J. Lubrent 12 Almond Ave Stratford, NJ 08084-1511	W	January, 2007 Judgment				1,021.00
ACCOUNT NO. 4202 New Jersey Division Of Taxation Compliance & Enforcement - Bankruptcy Un PO Box 245 Trenton, NJ 08695-0245	H	December, 2002 tax lien				1,203.00
ACCOUNT NO. Mercer County Clerk 209 S Broad St Rm 100 Trenton, NJ 08608-2403		Assignee or other notification for: New Jersey Division Of Taxation				
ACCOUNT NO. New Jersey Attorney General Office Division Of Law PO Box 112 Trenton, NJ 08625-0112		Assignee or other notification for: New Jersey Division Of Taxation				
ACCOUNT NO. 2820 Quality Asset Recovery 7 Foster Ave Ste 101 Gibbsboro, NJ 08026-1191	J	various dates medical service charges				487.00

Sheet no. 8 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ 2,811.00

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1108</b> <b>South Jersey Radiology Associates</b> <b>PO Box 23355</b> <b>Newark, NJ 07189-0355</b>	<b>W</b>	<b>November, 2008</b> <b>Judgment</b>				<b>1,136.00</b>
ACCOUNT NO. <b>0966</b> <b>South Jersey Radiology Associates</b> <b>PO Box 23355</b> <b>Newark, NJ 07189-0355</b>	<b>W</b>	<b>various dates</b> <b>medical service charges</b>				<b>262.00</b>
ACCOUNT NO. <b>Remex, Inc.</b> <b>307 Wall St</b> <b>Princeton, NJ 08540-1515</b>		<b>Assignee or other notification for:</b> <b>South Jersey Radiology Associates</b>				
ACCOUNT NO. <b>0941</b> <b>Sprint Nextel</b> <b>ATTN: Bankruptcy Department</b> <b>PO Box 7949</b> <b>Overland Park, KS 66207-0949</b>	<b>W</b>	<b>various dates</b> <b>telephone service charges</b>				<b>162.00</b>
ACCOUNT NO. <b>Afni</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702-3427</b>		<b>Assignee or other notification for:</b> <b>Sprint Nextel</b>				
ACCOUNT NO. <b>7087</b> <b>Staffordshire Dental Group</b> <b>1307 White Horse Rd</b> <b>Voorhees, NJ 08043-2176</b>	<b>W</b>	<b>various dates</b> <b>dental service charges</b>				<b>61.00</b>
ACCOUNT NO. <b>Apex Asset Management</b> <b>PO Box 7044</b> <b>Lancaster, PA 17604-7044</b>		<b>Assignee or other notification for:</b> <b>Staffordshire Dental Group</b>				

Sheet no. **9** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,621.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Tucci, Mark R. & Tucci, Mary Anne P.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>U.S. Department Of Education Direct Loan Servicing Center PO Box 5609 Greenville, TX 75403-5609</b>	<b>W</b>	<b>August, 2010 student loan</b>				<b>9,093.00</b>
ACCOUNT NO. <b>4487</b> <b>UMDNJ-SOM Faculty Practice Plan PO Box 635 Bellmawr, NJ 08099-0635</b>	<b>H</b>	<b>various dates medical service charges</b>				<b>22.00</b>
ACCOUNT NO. <b>Apex Asset Management, LLC 1891 Santa Barbara Dr Ste 204 Lancaster, PA 17601-4106</b>		<b>Assignee or other notification for: UMDNJ-SOM</b>				
ACCOUNT NO. <b>4984</b> <b>Verizon New Jersey Inc. PO Box 165018 Columbus, OH 43216</b>	<b>W</b>	<b>various dates telephone service charges</b>				<b>142.00</b>
ACCOUNT NO. <b>4989</b> <b>Verizon New Jersey Inc. PO Box 165018 Columbus, OH 43216</b>	<b>W</b>	<b>various dates telephone service charges</b>				<b>158.00</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **10** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **9,415.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **21,656.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Tucci, Mark R. &amp; Tucci, Mary Anne P.

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **August 7, 2014**Signature: **/s/ Mark R. Tucci****Mark R. Tucci**

Debtor

Date: **August 7, 2014**Signature: **/s/ Mary Anne P. Tucci****Mary Anne P. Tucci**

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

## DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Tucci, Mark R. & Tucci, Mary Anne P.

Chapter **13**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: August 7, 2014

Signature: /s/ Mark R. Tucci  
Mark R. Tucci

Debtor

Date: August 7, 2014

Signature: /s/ Mary Anne P. Tucci  
Mary Anne P. Tucci

Joint Debtor, if any

Account Resolution Service  
1801 NW 66th Ave Ste 200  
Plantation, FL 33313-4571

Afni  
PO Box 3427  
Bloomington, IL 61702-3427

Apex Asset Management  
PO Box 7044  
Lancaster, PA 17604-7044

Apex Asset Management, LLC  
1891 Santa Barbara Dr Ste 204  
Lancaster, PA 17601-4106

B-Real, LLC  
MS 550  
PO Box 91121  
Seattle, WA 98111-9221

Berlin Medical Associates  
175 Cross Keys Rd Ste 300A  
Berlin, NJ 08009-9263

Borough Of Laurel Springs  
Tax Department  
135 Broadway  
Laurel Springs, NJ 08021-2006

David B. Watner, Esquire  
1129 Bloomfield Ave Ste 208  
West Caldwell, NJ 07006-7123



Delaware Valley Urology  
570 Egg Harbor Rd Ste A-1  
Sewell, NJ 08080-2359

Emerg Phy Assoc Of S.Jersey, PC  
2620 Ridgewood Rd Ste 300  
Akron, OH 44313-3500

Evesham Veterinary Clinic  
800 Route 73 S  
Marlton, NJ 08053-9649

Financial Recoveries  
PO Box 1388  
Mount Laurel, NJ 08054-7388

Heck And Schiavone, DO  
222 Gibbsboro Rd  
Clementon, NJ 08021-4132

I.C. System, Inc.  
PO Box 64437  
Saint Paul, MN 55164-0437

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Kennedy Health System  
PO Box 48023  
Newark, NJ 07101-4823

Lewis J. Lubrent  
12 Almond Ave  
Stratford, NJ 08084-1511

Mercer County Clerk  
209 S Broad St Rm 100  
Trenton, NJ 08608-2403

NCO Financial Systems, Inc.  
507 Prudential Rd  
Horsham, PA 19044-2308

New Jersey Attorney General Office  
Division Of Law  
PO Box 112  
Trenton, NJ 08625-0112

New Jersey Division Of Taxation  
Compliance & Enforcement - Bankruptcy Un  
PO Box 245  
Trenton, NJ 08695-0245

Quality Asset Recovery  
7 Foster Ave Ste 101  
Gibbsboro, NJ 08026-1191

Remex, Inc.  
307 Wall St  
Princeton, NJ 08540-1515

Select Portfolio Servicing  
PO Box 65450  
Salt Lake City, UT 84165-0450

South Jersey Radiology Associates  
PO Box 23355  
Newark, NJ 07189-0355

Sprint Nextel  
ATTN: Bankruptcy Department  
PO Box 7949  
Overland Park, KS 66207-0949

Staffordshire Dental Group  
1307 White Horse Rd  
Voorhees, NJ 08043-2176

U.S. Department Of Education  
Direct Loan Servicing Center  
PO Box 5609  
Greenville, TX 75403-5609

UMDNJ-SOM  
Faculty Practice Plan  
PO Box 635  
Bellmawr, NJ 08099-0635

US Bank Cust For Crestar Capital  
C/O Pellegrino & Feldstein, LLC  
290 Route 46  
Denville, NJ 07834-1239

Verizon New Jersey Inc.  
PO Box 165018  
Columbus, OH 43216

Zucker, Goldberg & Ackerman, LLC  
PO Box 1024  
Mountainside, NJ 07092-0024

Document Page 36 of 36  
**United States Bankruptcy Court**  
**District of New Jersey**

**IN RE:**

Case No. \_\_\_\_\_

**Tucci, Mark R. & Tucci, Mary Anne P.**Chapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,390.00**

Prior to the filing of this statement I have received ..... \$ **40.00**

Balance Due ..... \$ **3,350.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 7, 2014**

Date

**/s/ Rex J. Roldan, Esquire**

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